



File #:

Date Received for  
Assessment by NTNP  
YY/MM/DD

## Northwest Territories' Nominee Program **BUSINESS STREAM NOMINEE APPLICATION FEE PAYMENT**

The personal information provided on this form is collected under the authority of the *Immigration and Refugee Protection Act* (S.C.2001, c.27) and managed in accordance with the *Access to Information and Protection of Privacy Act* (S.N.W.T. 1994, c.20).

The information will be used for the purpose of administering the Northwest Territories Nominee Program (NTNP).

If you have any questions about the collection of personal information, please contact Northwest Territories Nominee Program (NTNP) at 1-855-440-5450 or by e-mail at [immigration@gov.nt.ca](mailto:immigration@gov.nt.ca). (Confirmation of receipt of Payment must be confirmed by the NTNP prior to your interview.)

### 1. Principal Applicant Personal Information

**Do not provide information for your immigration representative, consultant or lawyer in this section**

Last Name (family name):	Middle Name:	Given Name(s):
Current Residential Address (Do not use a third party address) Street:		
Province/Territory:	Postal Code:	Country:
Telephone (daytime):	Telephone (evening):	Email:

### 2. Method of Payment – Electronic Wire Transfer (Required Banking Information Below)

Account Name: Yellowknife Consolidated Revenue	Bank Name: Royal Bank of Canada, Yellowknife Branch	Account Holder: Government of the Northwest Territories
Account Number: 000-101-6	Address: #1, 4920 – 52 <sup>nd</sup> Avenue	Department: Finance – Treasury
Transit Number: 09879	City: Yellowknife	Address: 4922 – 48 <sup>th</sup> Street, 3 <sup>rd</sup> Floor, YK Centre
Bank Number: 003	Province/Territory: NT	City: Yellowknife
ABA Routing Number: 021000021	Postal Code: X1A 3T1	Province/Territory: NT
SWIFT Code: ROYCCAT2		Postal Code: X1A 1N2

### 3. Authorization (must be signed)

I agree to pay the Government of the Northwest Territories, CAD \$2,800.00 related to my application for permanent residence through the Northwest Territories Nominee Program.

Applicant's Signature	Date (YY/MM/DD)	Name of Payer (if different from the principal applicant)
Current Residential Address of Payer (if different from the principal applicant) Street:		
Province/Territory:	Postal Code:	Country: